



In re Application of:

Docket No. 03500.013388.

MAHITO SHINOHARA

Application No.: 09/265,819

Examiner: Dorothy Wu

Filed: March 10, 1999

Group Art Unit: 2697

For: SOLID STATE IMAGE  
PICKUP DEVICE

Date: June 18, 2003

Mail Stop Non-Fee Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
JUN 24 2003  
*Technology Center 2600*

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                   |
|--|--|-------|--|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL CLAIMS                                   | * 6  | MINUS | ** 20  | = 0                     | x \$9<br>\$18  | \$ -0-            |
| INDEP. CLAIMS                                  | * 3  | MINUS | *** 3  | = 0                     | x \$42<br>\$84 | \$ -0-            |
| Fee for Multiple Dependent claims \$140°/\$280 |  |       |  |                         |                | \$ -0-            |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | \$ -0-            |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- °Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$\_\_\_\_\_ is enclosed.
- Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_ month extension is enclosed.
- A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



\_\_\_\_\_  
Attorney for Applicant

Registration No. 24613

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